

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number <b>10/538,424-Conf. #1724</b>		
	Filing Date <b>June 10, 2005</b>		
	First Named Inventor <b>Philip Jessup</b>		
	Title <b>NO CONTACT SPRAY APPARATUS CLEANING DEVICE</b>		
	Art Unit <b>N/A</b>		
	Examiner Name <b>Not Yet Assigned</b>		
			Attorney Docket No. <b>IDS-10102/04</b>

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Practitioners associated with the Customer Number: **25006**  
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I am the:

☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date <b>DEC 13 2006</b>
Name <b>Philip Jessup</b>	Telephone <b>705-768-7333</b>
Title and Company <b>Inventor</b>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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Page 1 of 1

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>James Doyle</i>	Date	DEC 13/2006
Name	James Doyle	Telephone	705-768-7333
Title and Company Inventor			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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